



Elevator Device Permit Application

Mail this application to:
State of Ohio, Department of Commerce
Elevator Inspection Section
6606 Tussing Road • P.O. Box 4009
Reynoldsburg, OH 43068-9009 Phone 614-644-2244 Fax 614-644-3580
www.com.state.oh.us

Office Use Only

Permit #: _____
State ID#: _____
County: _____
Date Received _____
Date Completed: _____

Instructions: Provide complete information. Two sets of plans/Layout drawings for new equipment or alterations to existing must be submitted with this request.

FEES MUST BE SUBMITTED AT THE TIME OF APPLICATION. Make check payable to : Treasure, State of Ohio
No new elevator shall be operated until completion in accordance with approved plans and specifications, unless the Division of Industrial Compliance grants a temporary certificate of operation.

NOTE: Ascertain from municipal authorities if additional local permits are required or approvals required from this installation or alteration, including egress requirements required by the Ohio Basic Building codes.

PLEASE PRINT IN INK OR TYPE ALL INFORMATION. ONE APPLICATION PER UNIT.

Type of Unit: (Check one)

- Passenger
- Freight
- Sidewalk Freight
- Escalator
- Moving Walk
- Dumbwaiter
- Belted Man-lift
- Special Service
- Vertical Wheel Chair Lift
- Incline Wheel Chair Lift
- Chair Lift
- LULA
- Stage Lift
- Other type not listed: _____

Type of Driving Machine:

- (Check One)
- Traction
 - Drum
 - Direct Hydraulic
 - Rope Hydraulic
 - Rack & Pinion
 - Belt
 - Chain & Sprocket
 - Screw
 - Other type not Listed:

Is this unit within the city limits of Cleveland or Cincinnati?

Yes No

This Unit is: (Check one)

**A new installation
(Fee: \$183.25)**

**An alteration
(Fee \$103.25)**

Capacity (lbs): _____

Speed (fpm): _____

Total Travel (ft): _____

Total number of floors served: _____

Number of front landings: _____

Number of rear landings: _____

Is this unit replacing another elevator at the same location?

Yes No

ID# _____

If this is an alteration, list the current state ID # (_____) and list all items that will be affected by the alteration. **Required**

Location of Elevator

Building Name: _____ County _____

Address: _____ City: _____ Zip _____

Owner of the Building

Building Name: _____

Address: _____ City: _____ State _____ Zip _____

Company Applying for the permit

Company: _____ Contact Person: _____

Telephone: _____ Fax: _____ Federal Tax ID (Required) _____

Address: _____ City: _____ State _____ Zip: _____

Signature: _____ Date: _____

I hereby agree that if this application is granted and a permit is issued, this unit will conform in every detail to the code requirements set forth by the State of Ohio elevator section.

Approved By: _____ (Elevator Inspection Section) Date: _____